



Warren County Habitat for Humanity
 31 Belvidere Avenue
 Washington, NJ 07882
Questions? Call 908-835-1300

Application for Habitat's Touch of Kindness Repair Program

For Office Use Only – Do Not Write In This Space

Application Received: _____ Results: Accepted Rejected Date Approval Letter Sent: _____

Please note that all information must be completed. Please check the appropriate where choices are indicated.

1. Applicant Information

Homeowner	Co-Homeowner
Name <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Name <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Birth Date Age	Birth Date Age
<input type="checkbox"/> Veteran <input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Veteran <input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Home Phone Number: _____	Home Phone Number: _____
Cell Phone Number: _____	Cell Phone Number: _____
Email Address: _____	Email Address: _____
Address (street, city, state, zip code)	Present Address (street, city, state, zip code)

2. Authorization and Release

I understand that by filing this application, I am authorizing Warren County Habitat for Humanity to evaluate my actual need for the Habitat Home Repair Program, my willingness to be a partner through sweat equity and otherwise according to their policy.

I understand that the evaluation will include personal visits, a background check, and employment verification (if applicable). I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, my application may be denied, and that even if I have already been selected, I may be disqualified from the program and forfeit any rights or claims. The original or a copy of this application will be retained by the Affiliate even if the application is not approved.

Applicant Signature	Date	Co-Applicant Signature	Date
X _____	_____	X _____	_____

Applicant Name (Print)	Co-Applicant Name (Print)
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3. Questions for Applicant and Co-Applicant

What year was your home built? _____ Are you current on your property taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have homeowners' insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
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4. Dependents In Household

Dependents (people who live with you, but are not listed as a co-applicant). Attach additional sheets if necessary.

Name	Age	Male	Female	Name	Age	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

5. Employment/Income Information

Applicant		Co- Applicant	
Name and Address of CURRENT Employer or Source of Income:		Name and Address of CURRENT Employer or Source of Income:	
Type of Business/Position	Years at job:	Type of Business/Position	Years at job:
Business Phone Number:	Monthly Gross Income \$	Business Phone Number:	Monthly Gross Income \$

6. Other Income Information

Please provide information on additional monthly income that you, or any adults (18 years or older) in the household get from other sources such as another job, pension, social security, supplemental social security, disability, alimony, child support, investments, rental income, etc.

Name of Person with Income	Income Source (fill-in)	Monthly Income
		\$
		\$
		\$

**7. Specific Home Repairs Requested (Describe in Detail)
Also, please note how you learned about this program.**

8. Supporting Documentation

In order for your application to be complete, you must submit copies of all of the following support documentation, as applicable. (Please provide photocopies, not original documents. Documents will not be returned.) Indicate which documents have been provided by checking yes, no, or not applicable to EACH, as appropriate.

Required Documentation	Applicant	Co-Applicant
Proof of US Citizenship or legal permanent residency in the US (birth certificate, passport, naturalization papers, or green card)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Income Verification Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Proof of Homeowner Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Copy of your current year Property Tax Bill	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Proof that your Property Taxes are Up to Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Federal and State Income Tax Returns for last year	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Please mail this application, along with a check/money order for the \$15 Application Fee, to:

Warren County Habitat for Humanity
Home Repair Program
31 Belvidere Avenue
Washington, New Jersey 07882



WCHFH complies with the Equal Housing Opportunity Act. We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.